

Docket No. 58077/JPW/AJM/NSIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Anna Marie Pyle and Eckhard Jankowsky
Serial No. : 09/492,954 Examiner: J.A. Goldberg
Filed : January 27, 2000 Group Art Unit: 1634
For : ASSAYS FOR EVALUATING THE FUNCTION OF RNA HELICASES

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: August 26, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	4 -	* 20 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE \$ 0				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

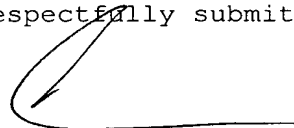
- ☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ included)
☐ A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time
☐ Other (identify):

THE TOTAL FEE DUE IS \$ 0.

- ☐ A check in the amount of \$ is enclosed.
☐ Please charge Deposit Account No. in the amount of
\$.

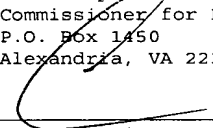
- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
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P.O. Box 1450
Alexandria, VA 22313-1450.



Alan J. Morrison
Reg. No. 37,399

8/26/01
Date